## HOME AND COMMUNITY SERVICES (HCS) **PROGRAM** AREA AGENCY ON AGING (AAA) **HCS/AAA PLANNED ACTION NOTICE** CASE NUMBER 1. Your application has been: □ Approved □ Denied □ Withdrawn 2. Your services have been: Dear: ☐ Reduced □ Terminated 1. This action(s) being taken is (are): □ Suspended ☐ Changed EFFECTIVE DATE\* (SEE INSTRUCTIONS This action is based on WAC(s) (list all pertinent WACs): and is being taken because: You have the right to ask for a Fair Hearing if you disagree with this action. You have ninety (90) days from the date you receive this notice to request a hearing. To request a Fair Hearing, you may write to the OFFICE OF ADMINISTRATIVE HEARINGS, PO BOX 42489, OLYMPIA WA 98504-2489. If you are currently receiving benefits through the above noted program, you will be eligible to have CONTINUING BENEFITS if you request a Fair Hearing by the "EFFECTIVE DATE" shown above. If the Department wins the hearing, you will have an overpayment for benefits received during this period which you will have to repay. If you do not want to have CONTINUING BENEFITS, you must notify the person who signed this letter in writing. You also have the following rights: 1) to be represented; 2) you may be eligible for free legal assistance; 3) to examine

Sincerely,

SOCIAL WORKER'S/CASE MANAGER'S SIGNATURE/DATE

HCS/AAA NAME AND ADDRESS

your files; 4) to compel witnesses to attend; 5) to present statements of persons who cannot attend; 6) a pre-hearing discussion; and 7) to have an appeal of the Fair Hearing decision. For further information, please request a pamphlet

DSHS 22-092(X)) from the person signing this letter. If desired, call:

**INSTRUCTIONS TO STAFF:** When determining the EFFECTIVE DATE of this planned action, allow a minimum of 15 days from the date of mailing this letter to the client as your EFFECTIVE DATE of this action <u>and</u> as your SSPS C.E.D.

DISTRIBUTION: White - Client Yellow - File